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6. Do you have End Stage Renal Disease? Yes ☐ ☐

(People with permanent kidney failure are not eligible to join a Medicare Advantage Plan.)

7. What is your current drug coverage?

☐ None ☐ Medicare Part D or Medicare Advantage Plan:
Name of Plan _____

☐ Employer/Retiree plan ☐ Union Plan ☐ VA ☐ TriCare

☐ Federal Employee Health Benefits Plan

8. How would you like to receive your Medicare drug benefits? You can get your Medicare prescription drug coverage by enrolling in a Medicare stand-alone drug plan **OR** a Medicare Advantage Plan which provides your Medicare Part A and Medicare Part B benefits. Please provide a comparison of (check one):

☐ Medicare drug plans ☐ Medicare Advantage Plans ☐ Both

9. Do you currently receive any of the following benefits?

☐ Medicaid (Title 19) ☐ Help paying your Medicare Part B premium

☐ Extra help with your Medicare drug costs

☐ Pay \$1.10 for generics and \$3.30 for brand name drugs

☐ Pay \$2.50 for generics and \$6.30 for brand name drugs

If you checked one of the boxes in number 9, skip question 10.

10. You may be eligible to get extra help with your prescription drug costs. Are your income and resources below:

Single: Income \$16,335 Resources: \$12,640

Married: Income \$22,065 Resources: \$25,260

☐ Yes ☐ No

(Note: Resources include items you own by yourself or with someone else. Don't include your home, vehicles, burial plots or personal possessions.)

11. What pharmacy do you prefer? You may list two.

Name of Pharmacy	Address and City	Phone Number
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